

**TOWN OF EASTON
PARKS AND RECREATION DEPARTMENT
ORGANIZATION QUALIFICATION FORM**

Organization Name _____

Date Organized _____

Incorporated (Circle one) Yes No

Contact Name _____

Contact Address _____

Contact Home Phone Number _____

Contact Work Phone Number _____

Contact Cell Phone Number _____

Contact email address _____

Is your organization affiliated with a national organization? (Circle one) Yes No

If so, list the national organization _____

List your Board of Directors including address and phone numbers or attach additional sheet.

Please describe your process of screening your volunteers, coaches, officials and others involved in your program (attach additional sheet if necessary). _____

How many current participants are active in your organization? _____

Is your organization intended to provide sports activities for youth or adults? _____

Does your organization exclude participants based upon race, color, religion, national origin or any other basis prohibited by law? (Circle one) Yes No

Please provide information regarding insurance that your organization maintains. (Attach a certificate of insurance or declaration page from your policy showing Town of Easton is named as an additional insured.) _____

Please provide or attach any other information regarding the objectives of your program.

I hereby certify that the information provided is true and complete. I hereby acknowledge that any authorizations for field usage can be revoked at any time for any intentional misrepresentation of facts included in this Organization Qualification Form or for any other violation of the Town of Easton park use rules and regulations.

Signature

Print Name

Date